

09453319

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W4181	12-14-55	
O.I.P.E. CLASSIFIER	7	12-14-55	
FORMALITY REVIEW	- - -	1-11-00	
RESPONSE FORMALITY REVIEW	71022	5-1-00	

## **INDEX OF CLAIMS**

(Through numeral)..... <input type="checkbox"/> Rejected <input type="checkbox"/> Allowed <input type="checkbox"/> Cancelled <input type="checkbox"/> Restricted	<b>N</b> _____ Non-elected <b>I</b> _____ Interference <b>A</b> _____ Appeal <b>O</b> _____ Objected
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Claim	Date
From Original	
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Claim	One
Final Original	
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If more than 150 claims or 10 actions  
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